

Please take a few minutes to complete this Health Survey. The information you provide could be vitally important to the long term well being of your favourite breed.

THE JOINT SCHNAUZER BREEDS HEALTH SURVEY 2010/11

(Please provide a separate report for each dog)



It is important that a separate report is given for each dog - please report on ALL of your Dogs, even if they are perfectly healthy. For a true perspective on the health status of the breeds, it is equally important to have confirmation that a Dog is healthy as well as reports of Dogs with established problems.

The following data is required in all cases. (Please circle the correct answer where relevant)

Size owned: Schnauzer / Miniature Schnauzer / Giant Schnauzer /

Other Breed (please state): _____

Dog's pet name: _____

Date of Birth: _____

Sex: Male / Female

Status: Entire / Neutered

Q1. Is your dog vaccinated? Once / Annually / Every 2 years / Never

last vaccination date (00/00) _____ Vaccine Brand _____

Q2. Is your dog generally?: healthy / not healthy

Q3. Does your dog receive regular medication to prevent parasites?

(e.g. fleas and worms?) every 3 months / every 6 months / annually / never

If you have answered Yes - then please indicate what medication used:

Medication: _____

Q4. Has your dog any obvious health defects - such as conditions listed in 14a? Yes / No

If you have answered No please go to Question 5

Q4a. What type of defect? : teeth or mouth _____

(Please describe; e.g. undershot/overshot/wry/missing teeth)

Undescended testicles One / Both

Kinked tail _____

Deafness _____

Blindness _____

Ears _____

Umbilical hernia _____

Other (please give a brief description of any defect.) _____

Q5. Has your dog any chronic problem that is distressing or affects its health or welfare? Yes / No

If you have answered No please go to Question 6.

Q5a. Please briefly describe the problem (attach separate sheet or papers if necessary) -

If your vet has given a diagnosis please state what the Veterinary diagnosis:

Q5b. Is your dog on long term medication for this condition? Yes / No

If you have answered No please go to Question 6

What is the treatment? _____

Q6. Has your dog ever required surgery? (other than routine neutering) Yes / No

If you have answered No please go to Question 7

Q6a. What was the reason? _____

Q6b. Was the surgery successful? Yes / No / Partially

Q6c. Is there any long-term treatment required? Yes / No

If yes - please state the treatment _____

Q7. Has your dog any unusual or undesirable behaviour problems? Yes / No

If you have answered No go to Question 8 OR please tick if appropriate:

Aggression _____

Timid _____

Poor House Training _____

Destructive _____

Other (please describe) _____

Q8. Are there any other problems you wish to remark upon that are not covered by the questions so far? Yes / No

If yes, please state: _____

Please use additional paper if required

Please feel free to download and photocopy this form and give a copy to the owner(s) of any Schnauzer, Miniature Schnauzer or Giant Schnauzer you have bred, whether or not they are members of The Schnauzer Club of Great Britain, The Miniature Schnauzer Club, The Giant Schnauzer Club or The Northern Schnauzer Club.

Once completed the forms should be returned to:

Christine Ellingworth, Inglewood, 20 Haworth Avenue,

Blyth, Worksop, Notts., S81 8HH

Tel: 01909 591291 (after 7.30p.m if weekday evenings)

Doncleve@talktalk.net (put Schnauzer Health in subject line)

IMPORTANT: The information you supply will only be used as part of a statistical survey of the health of the Schnauzer breeds. No detail of individual cases will be divulged to either the schnauzer breed clubs or any other individual without your specific agreement.

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Information on this page is optional but highly recommended. It will remain completely confidential. If you do provide this information, you will receive a copy of the results as soon as they are published



Please tick or circle as appropriate

Size owned: **Schnauzer /**
 Miniature Schnauzer /
 Giant Schnauzer /

Other Breed (please state): _____

Registered Name of dog: _____

Pet name: _____

Date of Birth: _____

Sex: Male Female

Colour: Pepper & Salt / Black / Black & Silver / White

Sire: _____

Dam: _____

Name of Owner: _____

Address: _____

Post Code: _____

Tel Number: _____

Email: _____

May we contact you for additional information, if required? Yes / No

PLEASE NOTE: The information you supply will only be used as part of a statistical survey of the health of the Schnauzer breeds organised by the 4 Clubs' Health Co-ordinators. No personal details, or details of individual cases, will be divulged to either the Schnauzer breed clubs or other individual without your specific agreement.

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Please complete and return as soon as possible



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Welcome to THE JOINT SCHNAUZER BREEDS HEALTH SURVEY 2010/11 Dec 2010

We urge you to fully support and complete this second survey; our on-going study designed to measure health and welfare issues of the three sizes of Schnauzer. Once you have submitted information to the 2010/11 Health Survey, you do not need to complete forms received from other clubs. On behalf of all three sizes of Schnauzer, our very grateful thanks for taking the time out to complete this Health Survey

This first section is new, so it is vital for everyone to complete it. The section is about ANY adult dog that you have owned and that died in the last 10 years.

For each dog that has died (or was euthanased) please tell us about the cause of death or reason for euthanasia. Try to be as specific as possible and use extra sheets, if required. Wherever possible please use the diagnosis made by your vet whenever possible

Size: **Schnauzer / Miniature Schnauzer / Giant Schnauzer**

1a. Age at time of death: _____ years _____ months

1b. Was a Post-mortem performed : Yes / No

1c. Reason(s) for euthanasia or cause(s) of death: _____

Please use additional sheets, if required - your input is important and welcomed

Extra copies of this form can be downloaded from the clubs' websites, available at Club shows or from your Health Co-ordinator. If you have any particular health issue you wish to raise, please feel free to contact any one of the Health Co-ordinators (Karen Carroll, Barry Day, Chris Ellingworth or Tony McDermott)

The Joint Schnauzer Health Survey 2010/11